

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003550

Entity Name: AMDOCS SYSTEMS, INC.

FILED
May 13, 2008
Secretary of State

Current Principal Place of Business:

6900 NORTH DALLAS PARKWAY, SUITE 825
PLANO, TX 75204

New Principal Place of Business:

Current Mailing Address:

1390 TIMBERLAKE MANOR PKWY
CHESTERFIELD, MO 63017

New Mailing Address:

FEI Number: 54-2012303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HARAMATY, YNON
Address: 1390 TIMBERLAKE MANOR PKWY
City-St-Zip: CHESTERFIELD, MO 63017

Title: DT () Delete
Name: MAGRECKI, TOM
Address: 1390 TIMBERLAKE MANOR PKWY
City-St-Zip: CHESTERFIELD, MO 63017

Title: P () Delete
Name: DRURY, THOMAS
Address: 1390 TIMBERLAKE MANOR PKWY
City-St-Zip: CHESTERFIELD, MO 63017

Title: S () Delete
Name: DEVINE, JEANNE
Address: 1390 TIMBERLAKE MANOR PKWY
City-St-Zip: CHESTERFIELD, MO 63017

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: HORGAN, JOHN
Address: 1390 TIMBERLAKE MANOR PKWY
City-St-Zip: CHESTERFIELD, MO 63017

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEANNE DEVINE

SEC

05/13/2008

Electronic Signature of Signing Officer or Director

_____ Date